

09/786985

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER		6	3-29-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      N \_\_\_\_\_ Non-elected  
 = \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
 - (Through numeral) \_\_\_\_\_ Canceled      A \_\_\_\_\_ Appeal  
 + \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
1		31		101	
2		32		102	
3		33		103	
4		34		104	
5		35		105	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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